

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008125

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

297

Primary Registration District No.

6022

Registrar's No.

32

STATE FILE NUMBER

FILED FEB 26 1963

1. PLACE OF DEATH

a. COUNTY

Ray

b. CITY (If outside corporate limits, give TOWNSHIP only)

Rayville

Length of stay in 1b

8 years

c. FULL NAME OF (If NOT in hospital, give location)

Rayville, Missouri

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Ray

c. CITY

Rayville

OR TOWN

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

Streets not named

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Helen

Middle

Louise

Last

Mitchell

4. DATE OF DEATH

Month

Day

Year

February 11, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-4-1933

9. AGE (last birthday)

29

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Baring, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Ray Richardson

13b. MOTHER'S MAIDEN NAME

Myrtle Ann Ralph

14. NAME OF HUSBAND OR WIFE

Paul Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Paul Mitchell, Rayville, Missouri

Address

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

2-11-63 to 2-11-63

and last saw her alive on 2-11-63

Death occurred at

11:30 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C. J. Ruten

22b. ADDRESS

Richmond Mo.

22c. DATE SIGNED

2-12-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2-14-1963

23c. NAME OF CEMETERY OR CREMATORY

IOOF Cemetery

23d. LOCATION (City, town, or county)

Hurdland, Missouri

(State)

24. FUNERAL DIRECTOR

Thomas J. Carter, Richmond, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

2-17-1963

26. REGISTRAR'S SIGNATURE

Mabel Jackson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

DATE AMENDED

AMENDED

VS 300

Rev. 4/59

10891

20891

3

4 1

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7 0

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201X

10

11

12 90-0

13 2-0

JUL 10 1963
MAR 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.